

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Aug/16/2012

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Chronic Pain Management Program (CPMP) eight (8) hour per day for five (5) days per week for two (2) weeks for eighty (80) hours related to the cervical and lumbar spine

### A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Psychiatry

### REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines  
Cover sheet and working documents  
Utilization review determination dated 07/23/12, 07/30/12  
Request for services dated 07/18/12  
Appeal for services dated 07/23/12  
Office visit note dated 06/19/12  
Radiographic report dated 08/18/11  
Handwritten medical management note dated 07/14/11, 09/22/11

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. Request for services dated 07/18/12 indicates that treatment to date includes physical therapy, surgery, injection therapy, individual psychotherapy and medication management. BDI is noted to be 18 and BAI is 11. Diagnoses are listed as pain disorder associated with both psychological factors and a general medical condition, chronic; and major depression. Current medications are Tramadol and Naproxen.

Initial request for chronic pain management program x 10 visits was non-certified on 07/23/12

noting that current excessive dependence on health care providers or use of medications associated with abuse or dependence is not documented. Other conservative options for treatment of chronic pain have not been exhausted. Although evidence of radiculopathy was noted on physical examination, a trial of first-line medications for neuropathic pain is not documented. Indicates no recent course of physical therapy is documented. A current home exercise program is not documented. Other treatment options such as home TENS trial are not documented. The injury is over xx years old, and experience of this program in achieving positive results in patients with this level of chronicity has not been documented. Appeal for services dated 07/23/12 indicates that other conservative options for treatment of chronic pain have been exhausted. The denial was upheld on appeal dated 07/30/12 noting that while the information submitted reflects evidence of ongoing pain complaints since the injury which occurred over xx years ago, it is not clear from the submitted records that there are significant functional limitations, a severe progression of symptoms, or any extenuating circumstances which demonstrate the need for this level of care.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Based on the clinical information provided, the request for outpatient chronic pain management program (CPMP) eight (8) hours per day for five (5) days per week for two (2) weeks for eighty (80) hours related to the cervical and lumbar spine is not recommended as medically necessary, and the two previous denials are upheld. There is no indication that the patient has undergone any recent active treatment. The patient's date of injury is over xx years old. The Official Disability Guidelines do not support chronic pain management programs for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. There is no current functional capacity evaluation submitted for review documenting the patient's baseline level of functioning as well as current versus required physical demand level. The patient is not currently taking any opioid or psychotropic medications. Given the current clinical data, the requested chronic pain management program is not indicated as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**